

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107400

1. Entity Name

DIVERSIFIED POWER PROTECTION, INCORPORATED

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90084 044 ***150.00

Principal Place of Business

SOUND OFFICE COMPLEX, SUITE 1-B
38 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548

Mailing Address

P.O. BOX 2767
FT. WALTON BEACH FL 32549-2767

2. Principal Place of Business

334 Cherie Court NW

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Walton Beach, Fl

City & State

4. FEI Number

59-3495172

Applied For

Not Applicable

Zip

32548

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, C. DOUGLAS
SOUND OFFICE COMPLEX, SUITE 1-B
38 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP
NAME JONES, C. DOUGLAS
STREET ADDRESS 334 CHERIE COURT
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Delete

TITLE P
NAME JONES, JUDY E
STREET ADDRESS 334 CHERIE COURT
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Delete

TITLE ST
NAME VANSTRATEN, JILL E
STREET ADDRESS 334 CHERIE COURT
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy E. Jones PRES. (Judy E. Jones)

Date

Daytime Phone #

CR2E034 (10/00)